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Public Health
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**TESTIMONY REGARDING
H.B. 5489 An Act Concerning Secondary School Reform**

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Distinguished members of the Education Committee, my name is Colleen O'Connor and I thank you for the opportunity to testify today. I am pursuing a Masters degree in Public Health at the University of Connecticut. I am also a legislative advocacy intern for the Connecticut Public Health Association (CPHA). I am pleased to support **H.B. 5489, An Act Concerning Secondary School Reform**, which would require one full credit of health education for graduation. CPHA endorses requiring health education as a graduation requirement. Comprehensive health education should include medically accurate, age-appropriate information regarding disease and substance abuse prevention, nutrition, and reproductive health, among other topics.

CPHA has placed health education as a top priority during this legislative session. We see this as an integral part of the prevention education that is necessary for improving the health care system. There is already a framework for health curriculum standards supported by the Connecticut Board of Education that promotes wellness and works to improve the health literacy of students: "The Healthy and Balanced Living Curriculum Framework for Comprehensive School Health Education and Comprehensive Physical Education." [1] This framework is a coordinated approach to school health that involves schools and communities working together around several core principles including: physical education; nutrition; mental health services; and comprehensive health education. CPHA strongly supports the health issues presented in this curriculum framework, which reinforce student awareness of personal health needs as well as the public health needs of the greater community.

School health education programs are effective in providing basic health knowledge and in empowering individuals to make informed decisions about their health. [2,3] Such programs also provide the basis for behavior change and adoption of favorable health attitudes and teach adolescents how to evaluate and use health information. [2,4] Addressing health issues may also improve a student's overall academic performance, as poor health is linked to poor educational achievement. [3,5] Furthermore, adolescents are at critical stages of development during which they are acquiring skills, attaining knowledge and developing lifestyle habits that will continue for life [4]. Other states have made this connection between prevention and long term health outcomes, but Connecticut has not: It is among only 14 states that does not require a health education course to graduate. [6] Within the state, only 53% of school districts require a half-credit of health education for graduation. [7]

Health education can play an important role in addressing disparities in health literacy and as a direct result improve health outcomes. Low health literacy is linked to increased utilization of health care services, increased health care costs and poor health status. [4] In the U.S., only 12% of all adults nationwide have the basic health literacy skills required to read medication and nutrition labels. [8] According to one study, less than half of adolescents could read health information at their grade level--minority teens and those of lower socioeconomic status fare

worse [4]. Racial and ethnic minority groups in Connecticut experience significantly lower health literacy levels and poorer health outcomes than whites. [8]

Research shows that just four behaviors-- poor diet, physical inactivity, smoking, and alcohol abuse--cause a majority of chronic disease and account for 38 percent of deaths. [9] School health education programs that are based in science are proven to influence behavior for these problems as well as for dental care and teenage pregnancy. [2] School health education is an important tool for combating the overweight and obesity crisis--experts agree that the most cost effective way to address obesity nationwide is to specifically target children. [10] School-based programs are demonstrated to impact children's eating and activity behaviors and have the potential to reduce and prevent obesity. [10] In addition, these programs are essential to provide youth with accurate information and skills to delay or prevent onset of risky behaviors. For instance, by 12th grade, more than two thirds of Connecticut teenagers have had sexual intercourse. [11] However, students are not getting needed information from parents or guardians regarding prevention of sexually transmitted infections and pregnancy-- less then a quarter have had a conversation with their parents about these subjects. [11] Considering 70% of Chlamydia cases and 55% of gonorrhea cases in Connecticut in 2006 occurred in young people aged 10-24, it is all the more important that young people have access to health information.[12] Comprehensive health education programs promote reduction in risky behaviors and give youth the power to make healthy decisions.

CPHA promotes the attainment of health literacy and improved wellness of all Connecticut residents as a primary public health goal, and believes that schools play a critical role in addressing these issues. Requiring a full credit of health education in schools will provide students the tools to make informed health choices now and in the future. In addition, implementation of health education programs in the most at risk schools would help close the gap in health disparities between different racial, ethnic and socioeconomic groups in the state. CPHA urges that the committee pass **HB 5489, An Act Concerning Secondary School Reform**, with a full credit of health education for all Connecticut students. Thank you for this opportunity to present and for your attention to this very important issue that has far-reaching impact on the health of Connecticut's youth, now and in their future.

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